

Image

AF11631  
PATENT

Attorney Docket No.: 58207.000004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Eric B. ALLEN, et al.

Serial No.: 09/802,911

Filed: March 12, 2001

Art Unit: 1631

Examiner: Marjorie A. Moran

For: SYSTEM AND METHOD FOR SIMULATING CELLULAR BIOCHEMICAL  
PATHWAYS

**TRANSMITTAL LETTER**

**Mail Stop AF**

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

Sir:

The following are enclosed for consideration in the above-identified application:

	FEE
<input type="checkbox"/> Response to Notice to File Missing Parts	\$
<input checked="" type="checkbox"/> <b>Response to Final Office Action mailed September 16, 2003</b>	\$
<input type="checkbox"/> Declaration: <input type="checkbox"/> Original; <input type="checkbox"/> Supplemental	\$
<input type="checkbox"/> Submission of Formal Drawings	\$
<input type="checkbox"/> Informal Drawings: ___ Sheets ___ Figures	\$
<input type="checkbox"/> Supplemental Information Disclosure Statement, Form PTO SB/08A, copy of International Search Report, and three (3) references	\$
<input type="checkbox"/> Amendment: <input type="checkbox"/> Preliminary; <input type="checkbox"/> § 116; <input type="checkbox"/> § 312; <input type="checkbox"/> Other	\$
<input checked="" type="checkbox"/> <b>Request for Extension of Time [ 2 ] month(s)</b>	<b>\$210.00</b>
<input type="checkbox"/> Issue Fee: <input type="checkbox"/> Part B - Issue Fee Transmittal <input type="checkbox"/> Part C - Charge to Deposit Account	\$
<input type="checkbox"/> Notice of Appeal	\$
<input type="checkbox"/> Appeal Brief	\$
<input type="checkbox"/> Request for Oral Hearing	\$
<input type="checkbox"/> Reply Brief	\$
<input type="checkbox"/> Terminal Disclaimer	\$
<input type="checkbox"/> An additional claim fee is required, and is calculated as shown below	\$
<b>TOTAL FEES BEING SUBMITTED</b>	<b>\$210.00</b>

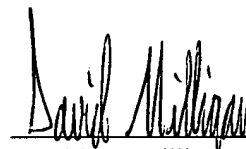
	Claims Remaining	Claims Paid For	Extra	Rate	Fee
Total Claims			0	x \$18.00	\$
Independent Claims			0	x \$86.00	\$
Multiple Dependent Claims (if applicable)				\$	\$
<b>TOTAL EXCESS CLAIMS FEE</b>					\$
SMALL ENTITY TOTAL (if applicable)					\$ .00

The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and § 1.17 associated with this communication or credit any overpayment to the deposit account of Hunton & Williams, Deposit Account Number 50-0206.

Respectfully submitted,

Date: February 17, 2004

By:



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DHM/cbt